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CMS ANNOUNCES DEMONSTRATION PROJECTS TO REDUCE DISPARITIES IN CANCER PREVENTION AND TREATMENT

The Centers for Medicare & Medicaid Services (CMS) today announced that Medicare will support new demonstration projects to improve the early detection and treatment of cancer and reduce health disparities among minority Medicare beneficiaries, including American Indians, Alaskan Natives, Alaskan Eskimos, and Aleuts; Asian Americans and Pacific Islanders; African Americans; and Hispanic Americans.

“Better treatments are helping Americans live longer and better lives, but some Americans are not sharing fully in these improvements in health, and are bearing an unequal burden of disease,” said CMS Administrator Mark B. McClellan, M.D., Ph.D. “As we bring Medicare’s benefits up to date, we are going to take new steps to make sure that all of our beneficiaries regardless of their background get the most out of them.”

A notice placed on display at the Office of the Federal Register today provides details on submitting proposals to participate in the demonstration. Medicare is inviting participation from chronic care management organizations, health insurers, physician group practices, coordinated care services providers, provider-sponsored organizations, academic medical centers, comprehensive cancer centers, special population networks, community clinical oncology programs, community-based health organizations, community health centers, federally qualified health centers, and minority institutions.

The Benefits Improvement and Protection Act of 2000 provided \$25 million for this demonstration. About \$1 million of this money was used for the evidence report the legislation required as the basis for the demonstration design.

The demonstrations will implement programs to help minority beneficiaries “navigate” the healthcare system in a more timely and informative manner. Services may include identifying and scheduling appointments with culturally sensitive caregivers, coordinating care among various providers, arranging for translation/interpretation, transportation services, and providing other services to overcome barriers encountered during cancer care.

“This demonstration will help us find ways to improve the quality of care that is provided to our racially and ethnically diverse beneficiaries,” said Dr. McClellan. “We are focusing on the bottom line of reducing disparities in cancer death rates and suffering, and we will support innovative approaches and collaborations to do it.”

The solicitation focuses on three components of cancer services: screening, diagnosis, and treatment. Four cancers are targeted: breast, cervical, colorectal, and prostate. Through participation in these demonstration projects, beneficiaries should receive more timely cancer screening tests, diagnoses, and treatments, recognize an overall improvement in access to this care, and should increase their satisfaction with the healthcare system.

Recent evidence shows that fragmentation in the current healthcare system sometimes fails to provide adequate information and access to effective cancer screening, diagnosis and treatment services to members of minority populations. Unequal access to healthcare delivery systems and unacceptable delays often occur when following up on abnormal findings, during diagnostic work ups, and during subsequent treatment due to a range of cancer care access barriers. These differences in care may be important contributors to the substantial differences in mortality rates and other cancer outcomes across racial and ethnic groups.

According to data from the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program, African American men and women had the highest mortality rates for all common cancers except lung cancer, and African American males had the highest incidence rates for colorectal and prostate cancers. African Americans and American Indians had the lowest 5-year cancer survival rates. In addition, American Indians had the highest relative risk of dying from most cancers when compared to non-Hispanic Whites.

Although older African American females develop cancer at lower rates than their white counterparts, African American survival rates are lower. Five year relative survival rates for African-American males are also lower. Five-year survival rates for white males, ages 65-74, are 67.7 percent, for African-Americans of the same age, 64.5%. Five-year survival rates for white females ages 65-74 are 59.5 percent, versus 45.2 percent for African-American women of the same age.

"Medicare beneficiaries from racial and ethnic minority groups are less likely to use the preventive treatments that Medicare now covers," added Dr. McClellan. For example, Medicare data suggest that 24.3 percent of African Americans, 22.9 percent of Hispanics, and 16.3 percent of Native Americans received colon cancer screening tests between 1998 and 1999, as compared to 32.7 percent of Whites. "As Medicare enters a new era in terms of up-to-date benefits, we want to make sure that our beneficiaries who have the most to gain are able to get the most out of both our existing and new covered services."

A copy of the solicitation can be found at www.grants.gov.

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